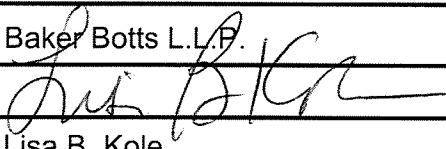


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| | | |
|--|------------------------|---------------|
| TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i> | Application Number | 09/933,115 |
| | Filing Date | 08/20/2001 |
| | First Named Inventor | Fisher |
| | Art Unit | 1635 |
| | Examiner Name | Jon E. Angell |
| Total Number of Pages in This Submission | Attorney Docket Number | |

| ENCLOSURES (Check all that apply) | | |
|--|--|---|
| <input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below): |
| Remarks | | |

| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT | | |
|--|---|-----------------|
| Firm Name | Baker Botts L.L.P. | |
| Signature |  | |
| Printed name | Lisa B. Kole | |
| Date | 01/18/2008 | Reg. No. 35,225 |

| CERTIFICATE OF TRANSMISSION/MAILING | | |
|---|--|------|
| I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below: | | |
| Signature | | |
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FEE TRANSMITTAL for FY 2007

Complete if Known

Application Number 09/933,115

Filing Date 08/20/2001

First Named Inventor Fisher

Examiner Name Jon E. Angell

Art Unit 1635

Attorney Docket No.

☒ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 180

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit card ☐ Money Order ☐ Other ☐ None

☒ Deposit Account:

Deposit Account Number
Deposit Account Name

02-4377

Baker Botts L.L.P.

The Director is authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☒ Credit any overpayments

☒ Charge any additional fee(s) or any underpayment of fee(s)

☐ Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

FEE CALCULATION

Extra Claim Fees

| | Extra Claims | Fee | Fee Paid |
|--------------------|--------------|-----|----------|
| Total Claims | | 25 | \$0 |
| Independent Claims | | 105 | \$0 |
| Multiple Dependent | | | \$0 |

SUBTOTAL \$0

| Fee Description | Large Entity | Small Entity |
|---------------------------------------|--------------|--------------|
| Claims in excess of 20 | 50 | 25 |
| Independent claims in excess of 3 | 210 | 105 |
| Multiple dependent claim, if not paid | 370 | 185 |

FEE CALCULATION (continued)

ADDITIONAL FEES

| | |
|--|-------|
| <input type="checkbox"/> Surcharge - late oath or filing fee | |
| <input type="checkbox"/> Non-English Specification | |
| <input type="checkbox"/> Extension for reply within first month | |
| <input type="checkbox"/> Extension for reply within second month | |
| <input type="checkbox"/> Extension for reply within third month | |
| <input type="checkbox"/> Extension for reply within fourth month | |
| <input type="checkbox"/> Extension for reply within fifth month | |
| <input type="checkbox"/> Notice of Appeal | |
| <input type="checkbox"/> Filing a brief in support of an appeal | |
| <input type="checkbox"/> Petition to revive - unavoidable | |
| <input type="checkbox"/> Petition to revive - unintentional | |
| <input type="checkbox"/> Utility Issue Fee | |
| <input type="checkbox"/> Design Issue Fee | |
| <input type="checkbox"/> Publication Fee | |
| <input type="checkbox"/> Petitions to the Commissioner | |
| <input type="checkbox"/> Request for Continued Examination (RCE) | |
| <input checked="" type="checkbox"/> Information Disclosure Statement (IDS) | \$180 |
| Other fee - | |

SUBTOTAL (\$) 180

SUBMITTED BY

Name (Print/Type)

Lisa B. Kole

Registration No.
(Attorney/Agent)

35,225

(Complete if applicable)

Telephone

212-408-2500

Signature

Date

01/18/2008

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